Sample No.:_____
(Lab use only)

APPENDIX A—OHIO WATER MICROBIOLOGY LABORATORY
SERVICE REQUEST FORM

Ship samples to Attn: OWML, 6480 Doubletree Ave., Columbus, OH 43229; 614/430-7772

Station Name_____

Site Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Date __ __ / __ __ / __ __ __ __   **Time** __ __ __ __   **Medium Code**____   **Sample Type**____
M M D D Y Y Y Y

User Code (WSC where data should be sent): __ __ __   **NAWQA study unit:** __ __ __ __
(Examples: OH, KY, CA2, FL4)   (If applicable)

Contact: _____   **Phone: (   )** _____

Field Notes:

Sample analyses and volumes (check off all that apply):

E. coli coliphage   _____ single-agar layer, quantitative, Method 1602 (100 mL)
(Both F_{amp} and CN-13 hosts)

_____ enrichment, presence/absence, Method 1601 (1 L)*
*Appropriate method for NAWQA coliphage analysis.

Virus by qPCR _____ *Please complete the following information:*

pH _____

Total vol. filtered _____L   Ave flow rate _____L/min

Start time _____   End time _____

If a second filter was required, complete the following for the second filter:

Total vol. filtered _____L   Ave flow rate _____L/min

Start time _____   End time _____

Shipped by _____   **Date shipped** _____

Received by _____   **Date received** _____

Sample No.:_____

RESULTS

ANALYSIS DATE: _____

	Coliphage Analyses	*Method*	*Parameter Code*	*Result*	*Units*	*Rem*	*VQ*	*NVQ*
Method 1601	*E. coli* Famp	enrichment	99335		P/A per 1 L			
	E. coli CN-13	enrichment	99332		P/A per 1 L			

[Method 1601 key: in result, enter "#"; in remark, enter "M" for positive or "U" for negative]

ANALYSIS DATE: _____

Laboratory comments:

Read results: _____   **Entered results into LIMS:** _____